

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 09/10/2006		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 09/12/2006					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED
3404901	SMOKY MOUNTAIN	8505	398	CLAIM DENIED DUE TO INSUFFICIE			
	H/DD/SAS			NT BUDGET			
		0	0		0	398	398
3404904	WESTERN HIGHLAN	8599	172	DETAIL NOT COVERED BY COMBINAT			
	DS LME			ION OF RECIPIENT, PROVIDER AND			
		8534	120	SERVICE FACILITY LOCATION IS N	0	569	18186
				OT A VALID IPRS ATTENDING			17617
				PROVIDER. PLEASE VERIFY THE F			
		191	113	CLIENT ID NUMBER DOES NOT MATC			
				H PATIENT NAME			
3404910	PATHWAYS	11	241	CLIENT NOT ELIGIBLE ON SERVICE			
				DATE			
		8599	57	DETAIL NOT COVERED BY COMBINAT	18	418	3141
				ION OF RECIPIENT, PROVIDER AND			2723
				BENEFIT PACKAGE.			
		143	49	CLIENT ID NUMBER NOT ON STATE			
				ELIGIBILITY FILE			
3404912	CATAWBA COUNTYM	8931	144	AMTNC INELIGIBLE TO RECEIVE SE			
	ENTAL HEALT			RVICES IN IPRS.			
		143	7	CLIENT ID NUMBER NOT ON STATE	147	159	3495
				ELIGIBILITY FILE			3336
		8599	4	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
3404913	MECKLENBURG COM	21	1683	DUPLICATE OF CLAIM-SYSTEM			
	ENTAL HEALT						
		8933	693	ADTNC INELIGIBLE TO RECEIVE SE	862	3464	3911
				RVICES IN IPRS.			447
		11	333	CLIENT NOT ELIGIBLE ON SERVICE			
				DATE			
3404916	CROSSROADS BEHA	11	8	CLIENT NOT ELIGIBLE ON SERVICE			
	VIORAL HEAL			DATE			
		0	0		0	8	45
							37
3404917	CENTERPOINT HUM	8599	209	DETAIL NOT COVERED BY COMBINAT			
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		11	54	CLIENT NOT ELIGIBLE ON SERVICE	56	469	6056
				DATE			5587
		143	49	CLIENT ID NUMBER NOT ON STATE			
				ELIGIBILITY FILE			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	60	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	61	307	4039	3732
		8536	52	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	8599	879	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	478	DUPLICATE OF CLAIM-SYSTEM	140	2124	3202	1078
		8621	156	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404921	ORANGE PERSON C HATHAM AREA	11	950	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	341	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	4	1604	3643	2039
		8599	145	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8535	108	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	106	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	325	4253	3928
		8329	61	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	726	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1265	2756	1491
		3411	92	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404925	SANDHILLS CENTE R FOR MH/DD	120	93	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	35	339	8862	8523
		11	34	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	21	461	DUPLICATE OF CLAIM-SYSTEM				
		3411	326	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	18	1141	4380	3239
		8599	175	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	120	4	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		21	2	DUPLICATE OF CLAIM-SYSTEM	1	13	176	163
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	84	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		23	6	SERVICE REQUIRES PRIOR APPROVA L	0	90	153	63
3404931	WAKE CO HUM SVC BILLING OF	21	10902	DUPLICATE OF CLAIM-SYSTEM				
		11	1638	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	13402	14030	628
		8599	218	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	2	92	181	89
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow CARTERET BEHAV REAL	11	110	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	88	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	266	748	482
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	1	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	1	3159	3158
3404937	EDGEcombe NASH MNTL HLTH C	21	26	DUPLICATE OF CLAIM-SYSTEM				
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	34	474	440
		8518	3	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8534	42	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	70	646	576
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404941	PITT CO MH/DD/S AS CENTER	21	1781	DUPLICATE OF CLAIM-SYSTEM				
		8599	1062	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	5938	9144	3206
		8537	832	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	5	DUPLICATE OF CLAIM-SYSTEM	6	17	142	125
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404943	ALBEMARLE MENTA L HEALTH CE	24	46	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8536	41	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	42	167	1278	1111
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	8534	726	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	223	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1101	6728	5627
		10	56	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404946	FOOTHILLS AREAM ENTAL HEALT	8535	3	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		0	0		0	3	3	0
3404957	TIDELAND MENTAL HEALTH CTR	21	181	DUPLICATE OF CLAIM-SYSTEM				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	210	3521	3311
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404979	NEW RIVER AREAM H/DD/SA PRO	21	5	DUPLICATE OF CLAIM-SYSTEM				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	6	455	449